

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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29	2		2			
30	2		2			
31	2		2			
32	1		1			
33	1		1			
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TOTAL IND.	2		3			
TOTAL DEP.	8	→	12	→		
TOTAL CLAIMS	10		15			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.		→		→		→
TOTAL CLAIMS						